



SELF-IDENTIFICATION INFORMATION REQUEST

Joe Wheeler Electric Membership Corporation (JWEMC) is an Equal Opportunity Affirmative Action employer and is subject to federal regulations pertaining to employment. It is JWEMC’s policy to provide equal opportunity to all qualified applicants for employment, without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other protected status. JWEMC hires only United States citizens and aliens lawfully authorized to work in the United States.

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to women and minorities under E.O. 11246 and Title VII of the Civil Rights Act of 1964, as amended, qualified individuals with disabilities under Section 503 of the Rehabilitation Act of 1973, as amended, and protected veterans under the Vietnam Era Veterans’ Readjustment Assistance Act of 1974 (VEVRAA), as amended.

To help us measure how well we are doing, we are asking you to provide us with the requested gender, race and ethnic information and to tell us if you have a disability, if you ever had a disability, and/or if you are a protected veteran, as described below. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept confidential, except as required by law, and will not be used against you in any way. Additionally, the information will be kept separately from your application and will not be used in the selection or hiring process. You will not be subjected to any adverse treatment should you choose not to submit the information requested.

If you already work for us, your answers will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information, at least as to disability, every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier. This information will be kept completely confidential except: (i) supervisors and managers may be informed regarding restrictions on the work or duties of special disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

Gender Classification:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to answer	
Race/Ethnic Group:	
<input type="checkbox"/> White (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East or North Africa
<input type="checkbox"/> Black or African American (not Hispanic or Latino)	A person having origins in any of the Black Racial groups of Africa
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America including Central America), and who maintains a tribal affiliation or community attachment
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)	All persons who identify with more than one of the above five races
<input type="checkbox"/> I do not wish to answer	

Veterans Status:

If you are a disabled veteran, recently separated veteran, an active duty wartime or campaign badge veteran, or an Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you are an applicant and fit within any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a government contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you are a current employee, we are required to submit a report to the US Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. If you are a disabled veteran it would further assist us if you tell us whether there are reasonable accommodations we could make that would enable you to perform the essential functions of the job.

<input type="checkbox"/> Disabled Veteran	I am a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/> Recently Separated Veteran	I am a veteran discharged or released from active duty in the U.S. military, ground, naval, or air service within the past three years.
<input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran	I served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
<input type="checkbox"/> Armed Forces Service Medal Veteran	I served on active duty in the U.S. military, ground, naval or air service and participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to E.O. 12985
<input type="checkbox"/> I am a protected veteran, but I choose not to self-identify the classifications to which I belong	
<input type="checkbox"/> I am NOT a protected veteran	
<input type="checkbox"/> I do not wish to answer	

Disabilities:

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Post-traumatic stress disorder (PTSD) |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Obsessive compulsive disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Impairments requiring the use of a wheelchair |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Major depression | |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple sclerosis | |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Missing limbs or partially missing limbs | |

Please check one of the boxes below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Yes, I have a disability
(or previously had a disability) | <input type="checkbox"/> No, I do not have a disability | <input type="checkbox"/> I do not wish to answer |
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Name

Date

Position Applied for/Held